

Appl. No. 10/806,972
Reply to Office Action of October 3, 2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FEB 03 2006

Appl. No. : 10/806,972 Confirmation No. 2337
Applicant : Donovan
Filed : March 22, 2004
Title : BOTULINUM TOXIN THERAPY FOR NEUROPSYCHIATRIC
DISORDERS

TC/A.U. : 1600/1645
Examiner : Portner, V.A.

Docket No. : 17500CON(BOT); D3170-CON
Customer No. : 33197

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted via facsimile to Mail Stop AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, to fax number 703-872-9306, on the date indicated below.

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

February 3 2006
[Signature]

AMENDMENT AND PETITION FOR ONE MONTH EXTENSION OF TIME

Sir:

This response is being submitted in reply to the Office Action of October 3, 2005. A response was due January 3, 2006. Applicant hereby petitions for a one-month extension of time. A response with a one-month extension of time is due February 3, 2006. The Commissioner is hereby authorized to charge the extension of time fee (\$120.00) to Deposit Account No. 01-0885. Accordingly, this response is being timely filed. In response to the Office Action, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

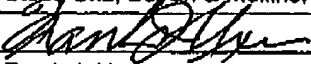
02/06/2006 LWONDIM1 00000011 010885 10806972


01 FC:1251 120.00 DA

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/806,972
		Filing Date	3/22/2004
		First Named Inventor	Donovan
		Group Art Unit	1645
		Examiner Name	Portner, VA
Total Number of Pages in This Submission	10	Attorney Docket Number	D-3170con

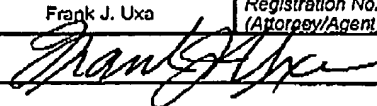
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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Stout, Uxa, Buyan & Mullins, LLP		
Signature			
Printed Name	Frank J. Uxa		
Date	2/3/2006	Reg. No.	25,612

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO at fax number 571-273-8300, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Janet McGhee	Date	2/3/2006

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FEE TRANSMITTAL for FY 2005		<i>Complete if Known</i>	
<small>Patent fees are subject to annual revision.</small>		Application Number	10/806,972
<input type="checkbox"/> Application claiming small entity status. See 37 CFR 1.27		Filing Date	3/22/2004
TOTAL AMOUNT OF PAYMENT (\$) 120		First Named Inventor	Donovan
METHOD OF PAYMENT (check all that apply)		Examiner Name	Portner, VA
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____		Art Unit	1645
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>01-0885</u> Deposit Account Name <u>Frank J. Uxa</u>		Attorney Docket No.	D-3170con
<small>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</small>			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) associated with this communication <input checked="" type="checkbox"/> Credit any overpayments			
<small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</small>			
FEE CALCULATION			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES			
FILING FEES	SEARCH FEES	EXAMINATION FEES	
<small>Small Entity</small>	<small>Small Entity</small>	<small>Small Entity</small>	<small>Small Entity</small>
Application Type	Fee (\$)	Fee (\$)	Fee (\$)
Utility	300	500	200
Design	200	100	130
Plant	200	300	160
Reissue	300	500	600
Provisional	200	0	0
Subtotal (1)			0
2. EXCESS CLAIM FEES			
Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100	
Multiple Dependent Claims	360	180	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-20 or HP = _____ x _____			
<small>HP = highest number of total claims paid for, if greater than 20</small>			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-3 or HP = _____ x _____			
<small>HP = highest number of independent claims paid for, if greater than 3</small>			
Subtotal (2)			0
3. APPLICATION SIZE FEE			
<small>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</small>			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)
-100 = _____	/50 = _____	(round up to a whole number)	x _____ = _____
Subtotal (3)			0
4. OTHER FEE(S)			
<input type="checkbox"/> Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount)			
<input type="checkbox"/> Non-English Specification: \$130 fee (no small entity discount)			
<input checked="" type="checkbox"/> 1-month extension of time: \$120 fee (\$60 small entity discount)			120
<input type="checkbox"/> 2-month extension of time: \$450 fee (\$225 small entity discount)			
<input type="checkbox"/> 3-month extension of time: \$1020 fee (\$510 small entity discount)			
<input type="checkbox"/> 4-month extension of time: \$1580 fee (\$785 small entity discount)			
<input type="checkbox"/> 5-month extension of time: \$2160 fee (\$1080 small entity discount)			
<input type="checkbox"/> Information Disclosure Statement Fee: \$180 fee (no small entity discount)			
<input type="checkbox"/> Notice of Appeal: \$500 fee (\$250 small entity discount)			
<input type="checkbox"/> Filing a Brief in Support of Appeal: \$500 fee (\$250 small entity discount)			
<input type="checkbox"/> Request for Oral Hearing: \$1000 fee (\$500 small entity discount)			
<input type="checkbox"/> Utility Issue Fee: \$1400 fee (\$700 small entity discount)			
<input type="checkbox"/> Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount)			
<input type="checkbox"/> Request for Continued Examination: \$790 fee (\$395 small entity discount)			
<input type="checkbox"/> Other: _____			
Subtotal (4)			120
SUBMITTED BY			
Name (Print/Type)	Frank J. Uxa	Registration No. (Attorney/Agent)	25,812
Signature			Telephone
			949-450-1750
			Date
			2/3/2006